MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 08489

08479

CERTIFICATE OF DEATH

Reg. Dist. No. 166

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-54

1. PLACE OF DEATH:
COUNTY GARRETT. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS WEEKS NURSING HOME

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MD COUNTY GARRETT.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) EMMA (Middle) MAY (Durst) (Last) DEAL

4. DATE OF DEATH: (Month) SEPT. (Day) 25 (Year) 1954

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED

8. DATE OF BIRTH: MARCH. 18 1888

9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): McHENRY. MD.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: RUBEN DURST.

14. MOTHER'S MAIDEN NAME: SARAH SHANK.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No. (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 213-24-5392

17. INFORMANT & ADDRESS: HENRY DEAL, McHENRY MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		Interval Between Onset and Death
Immediate cause	(a) Bronchopneumonia — Terminal	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) DUE TO Carcinomatosis, Pulmonary, Lt Lung	2 years
	(c) DUE TO Carcinoma Kidney, right	5 years

180 X

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 25, 1954, to Sept 25 1954, that I last saw the deceased alive on Sept. 24, 1954, and that death occurred at 4:00 P.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify): BURIAL

DATE THEREOF 9-27-1954

NAME OF CEMETERY OR CREMATORY FLAT WOODS.

LOCATION (City, town, or county) (State) NEAR ACCIDENT. MD

DATE REC'D BY LOCAL REG. 9-27-1954

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR Emery Bodden

ADDRESS Oakland Md

RECEIVED
OCT 7 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08490

08480

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH:
COUNTY Garrett MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Oakland
LENGTH OF STAY (in this place) 56 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4 mi. S. Oakland

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Garrett
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Oakland
STREET ADDRESS (If rural give location) 4 mi. S. Oakland

3. NAME OF DECEASED: (Type or Print) (First) Willie (Middle) Sharps (Last) Friend

4. DATE OF DEATH: (Month) Sept. (Day) 26, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 3/10/1872

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry E. Friend

14. MOTHER'S MAIDEN NAME: Sarah Blackburn

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: -----

17. INFORMANT & ADDRESS: Mrs. W. S. Friend Oakland, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Heart Disease — Interval Between Onset And Death: 2 years

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last. (b) Arterio Sclerosis — 10 years

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 26, 1954, to ....., 19....., that I last saw the deceased alive on ....., 19....., and that death occurred at 3:30 A M, from the causes and on the date stated above.

SIGNATURE C. E. Maurer (Degree or title) MD ADDRESS Oakland Md DATE SIGNED 27 Sept 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 9/28/1954

NAME OF CEMETERY OR CREMATORY Pleasant Valley Cem.

LOCATION (City, town, or county) (State) Garrett Co., Md.

DATE REC'D BY LOCAL REGISTRAR 9/28/54

REGISTRAR'S SIGNATURE Julia A Rowan LR

24. FUNERAL DIRECTOR Herbert C. Leighton ADDRESS Oakland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 7 1954
BUREAU V. S.

08481

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08491

CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH:
COUNTY GARRETT MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) OAKLAND
LENGTH OF STAY (in this place) 2 MONTHS
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE MARYLAND COUNTY GARRETT
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) DEER PARK
STREET ADDRESS (If rural give location) ROUTE #2

3. NAME OF DECEASED: (Type or Print) (First) LEE (Middle) Jackson (Last) FUNKHOUSER

4. DATE OF DEATH: (Month) SEPT. (Day) 26 (Year) 1954

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED
8. DATE OF BIRTH: MAY 6, 1880
9. AGE last birthday: 74 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY: General
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: FUNKHOUSER, JOHN
14. MOTHER'S MAIDEN NAME: WHETSELL, BARBARA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) UNKNOWN (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: ------
17. INFORMANT & ADDRESS: MR. LEE FUNKHOUSER, RD #2, DEER PARK, MARYLAND

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Myocardial Heart Disease, DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Arteriosclerosis, DUE TO

(c)

Interval Between Onset And Death: 3 mos

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-28, 1954, to 9-26, 1954, that I last saw the deceased alive on 26 Sept 1954, and that death occurred at 10:10 A.M. from the causes and on the date stated above.

SIGNATURE A E Thanes (Degree or title) MD ADDRESS Oakland Md DATE SIGNED 27 Sept 54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 9/29/1954
NAME OF CEMETERY OR CREMATORY Deer Park Cemetery
LOCATION (City, town, or county) (State) Deer Park, Md.

DATE REC'D BY LOCAL REGISTRAR 9/28/54
REGISTRAR'S SIGNATURE Julia A. Rowan LR
24. FUNERAL DIRECTOR Herbert C. Leighton ADDRESS Oakland, Md.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1

RECEIVED
OCT 7 1954
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15 8-54

08482

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

08492

Reg. Dist. No.....

Item 1 FilmG170 9-15-54 et

1. PLACE OF DEATH:

COUNTY Garrett. MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN near Friendsville Rural

LENGTH OF STAY (in this place)

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Md COUNTY Garrett

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Friendsville, Md.

STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Lola (Middle) (Last) Garletts.

4. DATE OF DEATH: (Month) Sept (Day) 6th, (Year) 1954.

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	Widow	May 9, 1869	85 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Invalid

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Garrett Co, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: John Van Sickle.

14. MOTHER'S MAIDEN NAME: Elizabeth Van Sickle.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: E F Garletto Friendsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

331X

Immediate cause (a) Cerebral hemorrhage — Interval between onset and death: 3 hours

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) Arteriosclerosis — 20 years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 6....., 1954., to Sept 6., 1954., that I last saw the deceased alive on Sept 6....., 1954., and that death occurred at 2 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Milton Tepfer, M.D. Friendsville, Md Sept 8, 1954

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	9-9-54.	Ursina Cemetery	Ursina, Pa.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Sept 8. 1954	Kathryn Pike	H.B. Risheberger	ADDISON. PA.

RECEIVED
SEP 10 1954
BUREAU V. S.

08483 08493

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 166

1. PLACE OF DEATH: COUNTY GARRETT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND X
LENGTH OF STAY (in this place) 15 MINUTES
HOSPITAL OR INSTITUTION OR STREET ADDRESS GARRETT COUNTY MEMORIAL 30

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND COUNTY GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN OAKLAND X
STREET ADDRESS (If rural, give location) ROUTE #1

3. NAME OF DECEASED (Type or Print) (First) DOUGLAS (Middle) EUGENE (Last) GOODING
4. DATE OF DEATH (Month) SEPTEMBER (Day) 29 (Year) 1954
5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE
8. DATE OF BIRTH SEPT. 9, 1954
9. AGE last birthday 3 WEEKS yrs. If under 1 year Months Days 20 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) OAKLAND, MARYLAND
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME GOODING, HARRY EDGAR
14. MOTHER'S MAIDEN NAME YONKER, VERNA IRENE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS MOTHER - RT. #1, OAKLAND, MARYLAND

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

763.0

Immediate cause (a) PNEUMONIA AND MARKED DEBILITY

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE L. H. Bowman M.D. (Degree or title) ADDRESS Oakland Md DATE SIGNED 9/29/54

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE THEREOF 9/29/54 NAME OF CEMETERY OR CREMATORY Oakland, LOCATION (City, town, or county) Oakland, Md. (State)

DATE REC'D BY LOCAL REG. 9/29/54 REGISTRAR'S SIGNATURE Julia A. Rowan LR
24. FUNERAL DIRECTOR Emroy Bolden ADDRESS Oakland Md

4094350385

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT 7 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8494

08481

CERTIFICATE OF DEATH

Reg. Dist. No. 166

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-

1. PLACE OF DEATH:
COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Mt. Lake Park
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Lake Park
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED: (Type or Print) (First) Ella Blanche (Middle) Dawson (Last) Landon

4. DATE OF DEATH: (Month) Sept. (Day) 10, (Year) 1954

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	Mar. 20, 1880	74 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
Housewife		Eglon, W. Va.	U.S.A.

13. FATHER'S NAME: Charles F. Dawson

14. MOTHER'S MAIDEN NAME: Helena J. Soelter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Mr. Walter W. Dawson, Oakland, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY M.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug., 1954, to Sept., 1954, that I last saw the deceased alive on Sept. 10, 1954, and that death occurred at ....m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED
M.D. Oakland Md 9/11/54

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Sept. 12, 1954	Oakland	Oakland, Md.

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
9/12/1954	Julia A. Rowan LR	Emroy Boldin	Oakland, Md

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 09438

08485

CERTIFICATE OF DEATH

Reg. Dist. No. .....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH:
COUNTY Garrett — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Steyer
LENGTH OF STAY (in this place) 38 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1 Mi. N. Steyer, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Garrett
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Steyer, Md.
STREET ADDRESS (If rural give location) 1 Mi. N. Steyer, Md.

3. NAME OF DECEASED: (Type or Print) (First) Francis (Middle) Marion (Last) Propst

4. DATE OF DEATH: (Month) Sept. (Day) 13, (Year) 1954

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: 10/7/1894

9. AGE last birthday: 59 yrs. IF UNDER 1 YEAR: Months ... Days ... IF UNDER 24 HRS.: Hours ... Min. ...

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Woods Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Timber Cutter

11. BIRTHPLACE (State or foreign country): West Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas A. Propst

14. MOTHER'S MAIDEN NAME: Virginia Bright

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes (If Yes, give war or dates of service) 1st W. W.

16. SOCIAL SECURITY No.: 220-03-7225

17. INFORMANT & ADDRESS: Mrs. Leona Propst Steyer, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Acute Myocardial Infarction — Interval Between Onset And Death: 5 minutes

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) ..... DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 0

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-13 ....., 19 57, to 10-6 ....., 19 54, that I last saw the deceased alive on 10-6 ....., 19 54, and that death occurred at 8:00 A. M. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John H. Frantz Jr. M.D. 5-8 Lot St. Oakland, Md. 9-15-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 9/16/1954 — NAME OF CEMETERY OR CREMATORY White Church Cemetery — LOCATION (City, town, or county) (State) Garrett Co., Md.

DATE REC'D BY LOCAL REGISTRAR 9/16/54 — REGISTRAR'S SIGNATURE Julia A. Rowan L.R. — 24. FUNERAL DIRECTOR Herbert C. Leighton — Oakland, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08486

CERTIFICATE OF DEATH

08495

Reg. Dist. No. 16

Item 11, FilmG171 10-15-54 et

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-54

1. PLACE OF DEATH:
COUNTY: GARRETT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL OAKLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS:
MARYLAND — LENGTH OF STAY (in this place): 23 YRS.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE: MD. COUNTY: GARRETT.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: RURAL OAKLAND. MD.
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) CHAMBERS (Middle) ABRAHAM (Last) SPIKER.

4. DATE OF DEATH: (Month) SEPT. (Day) 16 (Year) 1954

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): MARRIED

8. DATE OF BIRTH: AUG-6-1904

9. AGE last birthday: 50 yrs. IF UNDER 1 YEAR: Months / Days. IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Sang Run, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: ARCHIBALD SPIKER

14. MOTHER'S MAIDEN NAME: ETTA DEWITT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service): NO.

16. SOCIAL SECURITY NO.: 214-28-7152

17. INFORMANT & ADDRESS: EVELYN SPIKER. OAKLAND. MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

157X

Immediate cause (a) Carcinoma of pancreas — INTERVAL BETWEEN ONSET AND DEATH: 6 mos

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last

(b) DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: March 29, 54

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of pancreas

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/26, 1954, to Sept 15, 1954, that I last saw the deceased alive on Sept 15, 1954, and that death occurred at 10:15 A.M., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) Joseph Alvarez M.D. ADDRESS 101 Third St. Oakland Md. DATE SIGNED Sept 17, 54

23. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL — DATE THEREOF: SEPT.-19-1954 — NAME OF CEMETERY OR CREMATORY: MT CARMEL — LOCATION (City, town, or county) (State): AURORA W. VA.

DATE REC'D BY LOCAL REG. 9/19/1954 — REGISTRAR'S SIGNATURE: Julia L. Rogers

24. FUNERAL DIRECTOR Emroy Bolden — ADDRESS Oakland Md

RECEIVED
OCT 7 1954
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08487

CERTIFICATE OF DEATH

08496

Reg. Dist. No. 162

1. PLACE OF DEATH:

COUNTY Garett MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grantsville

LENGTH OF STAY (in this place) 11, Years

HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY Garett

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Grantsville Md

STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) James (Middle) Urbin (Last) Stanton

4. DATE OF DEATH: (Month) Sept (Day) 28 (Year) 1954

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH: July 14, 1876

9. AGE last birthday: 78 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Was Owner

11. BIRTHPLACE (State or foreign country): Rural Grantsville

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Eli Stanton

14. MOTHER'S MAIDEN NAME: Harriet E. Broadwater

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT & ADDRESS: Mrs Anna Alice Stanton

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Interval Between Onset And Death

420.1

Immediate cause (a) Myocardial infarction

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Myocardial disease

DUE TO

(c) Generalized arteriosclerosis

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1953, to Sept, 1954, that I last saw the deceased alive on Sept 10, 1954, and that death occurred at 8:00 A.M. from the causes and on the date stated above.

SIGNATURE John F. Whitehill, Jr. (Degree or title) MD ADDRESS Salisbury, Pa DATE SIGNED 9-30-54

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF 10-1-1954

NAME OF CEMETERY OR CREMATORY Grantsville Cemetary

LOCATION (City, town, or county) (State) Grantsville Md

DATE REC'D BY LOCAL REGISTRAR Sept 30/54

REGISTRAR'S SIGNATURE Ethel Broadwater

24. FUNERAL DIRECTOR Wm Winterberg ADDRESS Grantsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 4 1954
BUREAU V. S.